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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/563,143	
	Filing Date	30 December 2005	
	First Named Inventor	Bjorn REFSUM	
	Art Unit	3636	
	Examiner Name	Milton NELSON, Jr.	
Total Number of Pages in This Submission	15	Attorney Docket Number	ZCO.305

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px;"> Remarks Applicant hereby submits an Amendment and Response to Office Action together with a Petition for Revival and pays the associated \$1620 fee (fee code 2453) via the EFS-WEB fee payment system and our deposit account number 11-1540. Applicant believes no other fees are now due. Please charge any additional fees required, or credit any overpayments, to our deposit account number 11-1540. </div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Kolisch Hartwell, PC, 520 SW Yamhill Street, Suite 200, Portland, Oregon 97204-1324	
Signature	/ Anton E. Skaugset /	
Printed name	Anton E. SKAUGSET	
Date	07 July 2009	Reg. No. 38,617

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Signature	/ Stephen R. Pendleton / Electronically submitted via EFS-WEB	
Typed or printed name	Stephen R. PENDLETON	Date 07 July 2009

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